

E-filing

COMPLAINT by A PRISONER UNDER THE CIVIL
RIGHTS ACT, 42 U.S.C. 1983.

NAME WEAVER WILLIE
(LAST) (FIRST) (INITIAL)

PRISONER NUMBER CV 08 1761 JW

INSTITUTIONAL ADDRESS PELICAN BAY
STATE PRISON P.O. Box 7000 CRESCENT (PR)
CITY, CA. 95531.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

WILLIE WEAVER

(ENTER THE FULL NAME
OF PLAINTIFF IN THIS ACTION)

VS.

FIRST WATCH 03/24/08

DIRECTOR, WARDEN, ASST

WARDEN, CAPTAIN,

LIEUTENANT, SERGEANT

CORRECTIONAL OFFICERS

INMATES MEDICAL

(ENTER THE FULL NAME
OF DEFENDANT(S) IN THIS ACTION)

CASE NO. _____

(TO BE PROVIDED
BY THE CLERK OF
COURT)

COMPLAINT UNDER
THE CIVIL RIGHT
ACT 42 U.S.C. 1983

(ALL QUESTIONS ON THIS COMPLAINT FORM
MUST BE ANSWERED IN ORDER FOR YOUR
ACTION TO PROCEED.)

1. EXHAUSTION OF ADMINISTRATIVE REMEDIES

- NOTE! YOU MUST EXHAUST YOUR
ADMINISTRATIVE REMEDIES BEFORE
CLAIM CAN GO FORWARD. THE COURT WILL
DISMISS ANY UNEXHAUSTED CLAIMS.
- A. PLACE OF PRESENT CONFINEMENT P.S.
- B. IS THERE A GRIEVANCE PROCEDURE IN
THIS INSTITUTION? YES (☒) NO ()
- C. DID YOU PRESENT THE FACTS IN
YOUR COMPLAINT FOR REVIEW THROUGH
THE GRIEVANCE PROCEDURE? YES (☒)
NO ()
- D. IF YOUR ANSWER IS YES, LIST THE
APPEAL NUMBER AND THE DATE AND
RESULT OF THE

COMPLAINT - 1 -

APPEAL AT EACH LEVEL OF REVIEW, IF YOU DID NOT PURSUE A CERTAIN LEVEL OF APPEAL EXPLAIN WHY.

1. INFORMAL APPEAL _____

2. FIRST FORMAL LEVEL _____

3. SECOND FORMAL LEVEL _____

E. IS THE LAST LEVEL TO WHICH YOU APPEALED THE HIGHEST LEVEL OF APPEAL AVAILABLE TO YOU?
YES () NO (✓)

F. IF YOU DID NOT PRESENT YOUR CLAIM FOR REVIEW THROUGH THE GRIEVANCE PROCEDURE, EXPLAIN WHY. STILL BEING PROCESSED

B. WRITE THE FULL NAME OF EACH DEFENDANT HIS OR HER OFFICIAL POSITION, AND HIS OR HER PLACE OF EMPLOYMENT.

PELICAN BAY STATE PRISON WARDEN,
DIRECTOR, ASSIST WARDEN, CAPTAIN,
LIEUTENANT, SERGEANT, CORRECTIONAL
OFFICERS 03/04/08 MEDICAL

COMPLAINT

- 2 -

STATEMENT OF CLAIM

STATE HERE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. BE SURE TO DESCRIBE HOW EACH DEFENDANT IS INVOLVED AND HOW TO INCLUDE DATES, WHEN POSSIBLE DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES, IF YOU HAVE MORE THAN ONE CLAIM, EACH CLAIM SHOULD BE SET FORTH IN A SEPARATE NUMBERED PARAGRAPH. 03/24/08

SLEEP DEPRIVATION FIRST WATCH OF PLAINTIFF OF HIS SLEEP ON FIRST WATCH FROM INMATES CORRECTIONAL OFFICERS MEDICAL, HIS NEIGHBOR'S IN CELL 211, 209, 208, 207, 204, 203, 110, 111, PLAINTIFF IS BEING WOKEN FROM SLEEP DEPRIVATION FROM SENSORY DEVICE MACHINE, THESE ARE WITNESSES THAT ARE HAVING THE SAME PROBLEMS JOHN RABE D-58062 CARLOS LUTZ, 1st BLOCK, MONTELLO 1st BLOCK, WILLOCK 1st BLOCK, DEFENDANTS SHOWED DELIBERATE INDIFFERENCE UNDER THE 1st AMENDMENT THAT CONSTITUTE IV. RELIEF CRUEL UNUSUAL PUNISHMENT, YOUR COMPLAINT CANNOT GO FORWARD UNLESS YOU REQUEST SPECIFIC RELIEF, STATE BRIEFLY EXACTLY WHAT YOU WANT ARE THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENTS: CITE NO CASES OR STATUTES.

LIABILITY DAMAGES: 50,000 FIFTY THOUSAND DOLLAR DUE TO: HARASSMENT, THREATING CONSPIRACY UNITED STATES CONSTITUTION VIOLATION

PUNITIVE DAMAGES: 50,000 FIFTY THOUSAND DOLLARS DUE TO: MENTAL ANGUISH, STRESS DISORDER.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOR GOING IS TRUE AND CORRECT. SIGNED THIS 03 day of 24 20 08

COMPLAINT

- 3 -

WILLIE WEAVER

Case 5:08-cv-01761-JW

Document 1-2

Filed 04/02/2008

Page 1 of 1

J-91389 B-2-210

PELICAN BAY STATE

PRISON P.O. Box 7000

CRESCENT CITY, CA. 95531.

PELICAN BAY STATE PRISON

5905 Lake Earl Dr

Crescent City CA 95532

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